

EXHIBIT 4



Cancer Specialists of North Florida

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Patient Name: **Rausa, Pasqualina**Date: **5/3/2018**

Patient Number: [REDACTED]

Date Of Birth: [REDACTED]

CONSULTATION**REFERRING PHYSICIAN**

Dr. Nwosa

CHIEF COMPLAINT

[REDACTED]

HPI

[REDACTED]

Review Of Systems

[REDACTED]

PAST MEDICAL HISTORY

[REDACTED]

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PAST SURGICAL HISTORY

[REDACTED]